

**CERTIFICATION OF RESOLUTION
PEANUT AND FOOD ALLERGY POLICY**

Ginn-Thompson School for Girls
An Ohio Non-Profit Corporation

The Governing Authority (the "Board") of **Ginn-Thompson School for Girls**, (the "School" and the "Corporation"), a not-for-profit corporation organized under the laws of the State of Ohio, hereby resolves as follows:

IT IS HEREBY RESOLVED that the School shall adopt the Peanut and Food Allergy Policy. The Peanut and Food Allergy Policy is attached hereto and incorporated herein as if restated in its entirety.

IT IS FURTHER RESOLVED that the Board Chair is authorized and directed to execute any and all forms, and/or documents required in connection or by reason of this resolution.

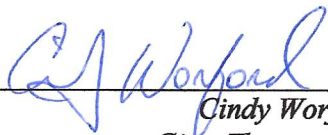
ADOPTION/APPROVAL OF RESOLUTION

Motion to adopt the Peanut and Food Allergy Policy (without/with) amendment(s),

Motion WALKER-WALTON, Seconded HANSON.

Board Member Name/Initials	AYE	NAY	OTHER (Not Present, Abstain, etc.)
Daryl Hanson	- DH		
Michelle Mitchell	- MM		
Cheryl Walker-Walton	- CW		
Cynthia Weston			no record
Cindy Worford, Chairwoman	-		

Executed and adopted by a vote of the Board on this 26th day of August, 2024



 Cindy Worford, Chairwoman
 Ginn-Thompson School for Girls

EXHIBIT A

PEANUT ALLERDY/FOOD ALLERGY POLICY

Article I.

Section 1. Ohio Revised Code Requirements

In accordance with Ohio Revised Code §3313.719, the School is required to adopt a written policy to protect students with peanut or other food allergies.

The Policy is required to be developed in consultation with parents, school employees, and student.

Article II.

Section 1. Intent

The School is committed to the safety and health of all students and employees. In accordance with ORC §3313.719, the purpose of this policy is to:

- A. Provide a safe and healthy learning environment for students with food allergies;
- B. Reduce the likelihood of severe or potentially life-threatening allergic reactions;
- C. Ensure a rapid and effective response in the case of a severe or potentially life-threatening allergic reaction; and
- D. Protect the rights of food allergic students to participate in all school activities.

Section 2. Rationale

The prevalence of food allergies may be increasing, affecting as many as 8% of children nationwide. Food allergies result in about 30,000 emergency room visits and claim about 150 lives every year, with children and young adults being at greatest risk for having a fatal reaction. Nearly every school has students who have this severe, sometimes life-threatening condition, some of them undiagnosed. Schools are considered high risk areas for students with food allergies, with most incidents of accidental exposure occurring in schools.

While schools may not be able to totally prevent allergic reactions, they can dramatically reduce both the likelihood of such reactions occurring and the severity of consequences if they do occur. Effective prevention and treatment plans, proper procedures, well-trained staff and clear communication can save lives.

The level of sensitivity and the types and severity of reactions vary considerably among individuals with food allergies. Therefore, the school's approach to preventing and treating food allergies must be tailored to those individual's needs. At the same time, an undiagnosed student may experience an allergic reaction to food for the first time while at school and any allergic reaction can turn life-threatening. Therefore, the school's approach must also be comprehensive.

Section 3. Definitions and Background Information

Anaphylaxis is an acute allergic reaction that affects more than one system of the body. It is a life-threatening event. If someone exhibits difficulty breathing, a drop in blood pressure, or symptoms in more than one body system (cutaneous, respiratory, gastrointestinal, or cardiovascular) after possible exposure to an allergen, it should be considered anaphylaxis. Medical attention and treatment should be sought immediately.

Emergency Health Care Plan (EHCP) means a set of procedural guidelines that provides specific directions about what to do in a particular emergency situation.

Epinephrine (also known as adrenaline) is the treatment of choice to prevent or treat anaphylaxis. It can help reverse the symptoms and prevent progression to other symptoms. It should be given immediately. A delay in treatment with epinephrine can be fatal.

Epinephrine auto-injector (sometimes called EpiPen) is a device that is used for the automatic injection of epinephrine into the human body.

Food allergy is an abnormal, adverse reaction to a food that is triggered by the body's immune system. The immune system responds to an otherwise harmless food as if it were harmful, resulting in the release of various chemicals, including histamines. The most common food allergies are to peanuts, tree nuts, milk, soy, eggs, fish, crustacean shellfish, and wheat.

Food allergy symptoms are manifestations of the allergic reaction in various parts of the body. Symptoms may affect:

- A. the cutaneous system (skin inflammation, tingling, itching, hives, rash, swelling of the lips, tongue and/or throat);
- B. the respiratory system (runny or stuffy nose, sneezing, coughing, wheezing, difficulty breathing);
- C. the gastrointestinal tract (abdominal cramps, vomiting, diarrhea); and
- D. the cardiovascular system (drop in blood pressure, dizziness, lightheadedness, heartbeat irregularities, fainting, shock).

Symptoms can begin immediately upon, or up to two hours after, exposure to an allergen. Some individuals exhibit initial symptoms followed by a second phase of symptoms two to four hours later.

Individual Health Care Plan (IHCP) means a comprehensive plan for the care of children with special health care needs, including food allergies. IHCPs may include both preventive measures and treatment options.

Section 4. Individual Health Care Plans and Emergency Health Care Plans

The School will develop an Individual Health Care Plan (IHCP) and Emergency Health Care Plan (EHCP) for each student identified with any food allergy with potentially serious health consequences. The school nurse will develop the IHCP and EHCP in collaboration with the student's health care provider, the parent(s) or legal guardian(s) of the student, and the student, if appropriate. This shall be done prior to entry into school or immediately thereafter for students

previously diagnosed with an allergy; it should be done immediately at the diagnosis for students already enrolled who are newly diagnosed with an allergy. These plans should include both preventative measures to help avoid accidental exposure to allergens.

The IHCP and EHCP should provide protections for the student while they are attending school or participating in school-sponsored activities. The protocols shall be reviewed and updated at least annually, as well as after any serious allergic reaction has occurred at school or at a school-sponsored activity.

Depending on the nature and extent of the student's allergy, the measures listed in the IHCP *may* include, but are not limited to:

- A. Posting additional signs (e.g. in classroom entryways);
- B. Prohibiting the sale of particular food items in the school;
- C. Designating special tables in the cafeteria;
- D. Prohibiting particular food items from certain classrooms and/or the cafeteria;
- E. Completely prohibiting particular food items from the school or school grounds;
- F. Educating school personnel, students, and families about food allergies; and/or
- G. Implementing particular protocols around cleaning surfaces touched by food products, washing of hands after eating, etc.

Plans shall also be developed for each staff member with a serious allergy.

Section 5. Posting of Signs

If needed, the School will post signs in a conspicuous place at every point of entry and within the cafeteria facility, advising that there are students with allergies to food. The exact wording on the sign may vary, in accordance with the measures contained within students' IHCPs and the school protocol.

Section 6. Training

The School Leader shall identify School personnel who might be involved in managing an emergency in the School, including anaphylaxis. Training shall be provided for these personnel on the signs and symptoms of anaphylactic shock and identified staff will be trained to administer emergency prescription, epinephrine auto-injector administration, adverse reactions, accessing the "911" emergency medical system, and preparation for movement and transport of the student. At all times during normal school hours at on-site school-sponsored activities, at least one person other than the certified school nurse teacher must be trained and responsible for the administration of the epinephrine auto-injector, subject to Good Samaritan provisions. These personnel shall review emergency protocols on an annual basis.

If trained school personnel are not available, any willing person may administer the epinephrine auto-injector. Good Samaritan provisions apply.

In accordance with Ohio Revised Code § 3313.719, the School may create training for all staff members and age-appropriate instruction for students on food allergies and ways to assist an individual experiencing an allergic reaction. The training may also include signs and symptoms of

anaphylaxis, prevention of allergic reactions, management and administration of epinephrine, and follow-up and reporting procedures.

Section 7. Communication

The School Leader shall ensure that all School employees and other adults – including, but not limited to, school nurses, classroom teachers, specialty teachers, aides, student teachers, substitute teachers, food service staff, custodial staff, playground monitors, coaches, and after school providers – who may be involved in the care of a student diagnosed with a food allergy shall be informed of the IHCP and the EHCP, as appropriate. These individuals should understand and consistently follow plans and protocols, be able to recognize symptoms of an allergic reaction, know what to do in an emergency, and work with other school staff to eliminate the use of food allergens in the allergic student’s snacks and meals, educational tools, arts and crafts projects, or incentives.

Section 8. Self-Management

If deemed appropriate, each student at risk for anaphylaxis shall be allowed to carry an epinephrine auto-injector with him/her at all times. If this is not appropriate, the epinephrine auto-injector shall be kept in a conspicuous place in the classroom, cafeteria, physical education facility, health room and/or other areas where it is most likely to be used, with reasonable safeguards in place to ensure its safekeeping. A medically identified student may self-administer the epinephrine auto-injector, if appropriate.

Section 9. Notification of Parent(s) or Legal Guardian(s) and Filing of Report

In the event of an episode of anaphylaxis, the school leader shall verbally notify the student’s parent(s) or legal guardian(s) as soon as possible or delegate someone to notify them. Following the episode, the school nurse shall complete a written report and file it in the student health record.

Section 10. Allergy Bullying

All threats or harassment of students with food allergies will be taken very seriously and will be dealt with in accordance with the School bullying policy.

Section 11. Confidentiality

Pursuant to Section 504 of the Rehabilitation Act of 1973 (Section 504), the Family Educational Rights and Privacy Act (FERPA), the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Rules and Regulations for School Health Programs (R16-21-SCHO), and other statutes and regulations, the confidentiality of students with food allergies shall be maintained, to the extent appropriate and as requested by the student’s parent(s) or legal guardian(s).

Section 12. Liability

The School, the Board, and School employees are not liable in damages in a civil action for injury, death, or loss to person or property that allegedly arise from an act or omission associated with the training provided unless the act or omission constitutes willful or wanton misconduct.

Legal References

Americans with Disabilities Act (ADA)

Individuals with Disabilities Education Improvement Act of 2004 (IDEA),

Section 504 of the Rehabilitation Act of 1973 (Section 504),

Family Educational Rights and Privacy Act (FERPA),

Health Insurance Portability and Accountability Act of 1996 (HIPAA)

ORC § 3313.719